

**Bucknell University**  
**Acknowledgement of Medical Insurance Responsibilities**

Bucknell University requires that all varsity student-athletes maintain a comprehensive medical insurance plan with hospital, professional and extended benefits as their primary insurance. Any personal plan should provide full, In-Network coverage within the extended Lewisburg/Danville geographic area for intercollegiate sports-related injury or illness.

Every year, Bucknell Athletics requires the varsity student-athlete and his/her parent or guardian to:

1. Complete this Acknowledgement of Medical Insurance Responsibilities;
2. Provide a copy of the front and back of the athlete's valid medical insurance card via SportsWare Medical Files; and,
3. Immediately report discontinued or any change to athlete's medical insurance coverage to his/her athletic trainer.

**How does the Bucknell Athletics Medical Insurance Program Work?** The varsity student-athlete has three sources of medical insurance for athletically-related injuries – primary, secondary and catastrophic.

**Primary** source of insurance is the athlete's own comprehensive medical insurance plan.

**Secondary** source of insurance is provided under Bucknell Athletics' Excess Accident Insurance Plan. Before this plan will activate, the athlete must satisfy a \$1,000 deductible with out of pocket medical expenses and/or insured expenses that are covered under the athlete's comprehensive medical insurance plan. Once the deductible is satisfied, the Excess plan will coordinate benefits and pay covered expenses only when they are in excess of benefits paid by the athlete's comprehensive medical insurance plan, subject to the limits and exclusions of the plan. Maximum benefit is \$90,000 per covered injury. Any questions related to the Athletic Excess Accident Insurance plan should be directed to Ms. Mandy Olley – 570-577-1159 or ajo004@bucknell.edu

**Catastrophic** source is provided by the NCAA Catastrophic Injury Insurance Program for injuries exceeding the \$90,000 deductible. Specific coverage is subject to the limits and exclusions of the program. Details can be found online at [www.NCAA.org](http://www.NCAA.org)

By initialing and signing below, I acknowledge that Bucknell University has provided me with specific informational material regarding my medical insurance responsibilities related to intercollegiate athletic injuries.

I \_\_\_\_\_ understand that: (Please Initial Each Line)

(Print First & Last Name)

\_\_\_\_\_ It is my responsibility to check with my primary insurance to determine if the insurance coverage meets the In-Network threshold for the facilities that the Bucknell Sports Medicine Team utilizes.

\_\_\_\_\_ If my personal medical insurance plan is out-of-network for the Lewisburg/Danville area, I have the option to purchase a student-specific, In-Network medical insurance plan made available to all Bucknell students. In the event I do not have In-Network insurance coverage, there is a possibility that I may need to go home to seek In-Network coverage for the injury, which may delay my return-to-play.

\_\_\_\_\_ If injured while participating in Bucknell Athletics, I must report all injuries immediately to the athletic trainer who will examine the injury and refer me, if necessary, to the Team Physician.

\_\_\_\_\_ All second opinions must be authorized by Bucknell Medical Staff to be considered for secondary/excess policy coverage.

\_\_\_\_\_ If I am injured while participating in Bucknell Athletics and choose to go to a physician other than the team physician, **I am responsible for the entirety of the charges.** I must be evaluated upon return by a Bucknell team physician before being cleared to return to team activities. I must have all doctors' visit/progression of injury notes, images, reports and clearance note with my personal physician's signature before the team physician will evaluate me for returning to athletic activity with the team..

\_\_\_\_\_ All medical expenses associated with an athletic injury will be processed through my primary medical insurance before the option of excess or catastrophic policy coverage is applicable.

\_\_\_\_\_ The athletic excess policy only covers charges related to procedures that have been approved by the Athletic Department/Bucknell Medical Staff for reported athletically-related injuries.

\_\_\_\_\_ I am responsible for carrying my insurance card or copy of insurance information with me at all times.

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Student-Athlete Printed Name

Signature

Date

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Policy Holder Printed Name (If not student-athlete)

Signature

Relationship

Date